



Federal Tax Exempt EIN 52-2128967  
**2017 Membership Form**

NACBHDD membership is organizational; individuals within organizations are not required to join separately. This membership is from **January 1, 2017 - December 31, 2017**. Dues are calculated based on population of the county (or counties) served. Organizations covering more than one county should include all counties served.

**You may visit our website at the following link to join or renew online, and pay via PayPal:**  
<http://www.nacbhd.org/Registration.aspx>

Please complete the information requested below.

<b><u>CONTACT INFORMATION</u></b>	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> NEW MEMBER
ORGANIZATION NAME: _____		
DIRECTOR'S NAME: _____		
PHONE: _____ EMAIL: _____		
ADDRESS: _____		
CITY/STATE/ZIP: _____		
<i>ADDITIONAL STAFF (who will also receive NACBHDD information):</i>		
NAME: _____ EMAIL: _____		
COUNTY (IES) SERVED: _____		
SERVICE AREAS (check all that apply): <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> ID/DD		

<b><u>STANDARD MEMBERSHIP DUES BY POPLULATION</u></b>	
<b><u>Population of Area Served (2010 Census)</u></b>	<b><u>Dues</u></b>
Under 50,000	\$250
50,000-99,999	\$500
100,000-299,999	\$750
300,000-499,999	\$1,000
500,000-999,999	\$1,500
1,000,000-2,999,999	\$2,500
3,000,000 and Larger	\$5,000
<b>SPECIAL MEMBERSHIP CLASSES:</b>	
Associate Membership (Not a MH, SU, or ID/DD Authority)	\$500
State Association Member:	
Percent of Counties that are NACBHDD Members:	
100 %	\$100
50-99%	\$400
0-49%	\$600

**Total Population Served: \_\_\_\_\_ Dues for 2017 \$ \_\_\_\_\_**

*Please make checks payable to: NACBHDD and send with this form to:*  
**NACBHDD, 660 North Capitol Street, Suite 400, Washington, DC 20001**

**Credit Card Payment:** Type of card (circle one): Visa/ MasterCard/ American Express

3-digit security code (on the back): \_\_\_\_\_ 4-digit security code (on the front): \_\_\_\_\_  
(Visa & MasterCard) (American Express only)

Name on credit card: \_\_\_\_\_ Credit card number: \_\_\_\_\_

Credit card billing city, state & zip code \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**For credit cards: EMAIL this form to [nnelson@nacbhd.org](mailto:nnelson@nacbhd.org) or send via secure FAX to: 202-478-1659**